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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S45223

LIFTPLATE REALTY COMPANY, INC.

Principal Place of Business Mailing Address P.O. BOX 970439 18571 SW 104TH AVE **MIAMI FL 33197 MIAMI FL 33157** DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 04/12/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 65-0312545 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing **\$5.00** May Be City & State П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Žip Country Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 VANDERLAAUW, PETER Street Address (P.O. Box Number is Not Acceptable) 82 8360 SW 186 ST MIAMI FL 33157 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PRESIDENT Change ☐ Addition ☐ DELETE TITLE 11 TM F VANDERKLAAUW, PETER 1.2 NAME NAME VANDERKLAAUW, PETER M. 186 55 7020 SW 71ST AVE. 1.3 STREET ADDRESS STREET ADDRESS <u>MIAMI</u> FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if oranged/or an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

April 12/99 305 233 9000

Change

☐ Addition

CR2E034 (11/98)